## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

| App | ticatio | n or D | ocket I | <b>Humbe</b> |
|-----|---------|--------|---------|--------------|
| Iol | 51      | 90     | 017     | /            |

| CLAIMS AS FILED - PART I SMALL  |             |   |  |                                   |               |                                 |            |                  | TTY                    |                  | OTHER      | THAN                   |
|---|-------------|---|--|-----------------------------------|---------------|---------------------------------|------------|------------------|------------------------|------------------|------------|------------------------|
| (Column 1) (Column 2)   |             |   |  |                                   |               | TYPE                            |            | OR               |                        |                  |            |                        |
| U.S.  | NATIONAL S  | TAGE FEES                                 |  |                                   |               |                                 | 1          | RATE             | FEE                    |                  | RATE       | FEE                    |
| BASIC FEE   |             |   | SMALL ENT.                                 | = \$ 150                          | LARGE         | E ENT. = \$ 300                 | 1          | BASIEFEE         | 150                    | 'OR              | BASICHEE   |                        |
| EXAMINATION FEE   |             |   |  |                                   |               | er situations =<br>100 / \$ 200 | 1          | SAN AB           | 100                    |                  | WANTEB     |                        |
| SEA   | RCH FEE     | •   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | ntries =                          |               | er situations =<br>250 / \$ 500 |            | SEARCH FEE       | 200                    |                  | SEARCH FEE |                        |
| FEE   | FOR EXTRA S | PEC. PGS.                                 | minu                                       | ıs 100 =                          |               | / 50 =                          |            | X \$ 125 =       | 7                      |                  | X \$ 250 = |                        |
| TOTAL CHARGEABLE CLAIMS   |             |   | 26 minus 20 = . /                          |                                   |               |                                 | X \$ 25 =  |                  | OR                     | X \$ 50 =        |            |                        |
| INDEPENDENT CLAIMS  |             |   | ∫ m  | inus 3 =                          | •             | / .                             |            | x \$ 100 =       |                        | OR               | X \$ 200 = |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |             |   |  |                                   |               | +\$ 180 =                       | $\int$     | OR               | +\$ 360 =              |                  |            |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2  |             |   |  |                                   |               | _                               | TOTAL      | 450              | OR                     | TOTAL            |            |                        |
| CLAIMS AS AMENDED - PART II / 6/05 (Column 1) (Column 2) (Column 3)   |             |   |  |                                   |               | ~                               | SMALL E    | NTITY            | OR                     | OTHER<br>SMALL E |            |                        |
| AMENDMENT A   | ,           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER .<br>USLY | PRESENT<br>EXTRA                |            | RATE             | ADDI-<br>TIONAL<br>FEE |                  | RATE       | ADDI-<br>TIONAL<br>FEE |
|   | Total       | 2   | Minus                                      | <b>"</b> Z(                       | <u>)</u>      | /                               |            | X \$ 25 =        | :                      | OR               | X \$ 50 =  |                        |
|   | independent | 1   | Minus                                      | ··· 3                             |               | = ·                             | ŀ          | X \$ 100 =       |                        | OR               | X \$ 200 = |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |             |   |  |                                   |               |                                 | + \$ 180 = |                  | OR                     | + \$ 360 =       |            |                        |
| TOTAL ADDIT.  FEE  OR  TOTAL ADDIT.  FEE  |             |   |  |                                   |               |                                 |            |                  |                        |                  |            |                        |
|   |             | (Column 1)                                |  | (Colum                            |               | (Column 3)                      | 3          |                  |                        | <br>I I          | ·          |                        |
| ПВ  | •           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | NUME<br>PREVIO<br>PAID I          | USLY          | PRESENT<br>EXTRA                |            | RATE .           | ADDI-<br>TIONAL<br>FEE |                  | RATE       | ADDI-<br>TIONAL<br>FEE |
| DMENT B   | Total       | •   | Minus                                      | **                                |               | =                               |            | X \$ 25 =        |                        | OR               | X \$ 50 =  |                        |
| AMEN  | Independent | •   | Minus .                                    | ***                               |               | -<br>-                          |            | X \$ 100 =       |                        | OR               | X \$ 200 = |                        |
|   | FIRST PRES  | ENTATION OF M                             | ULTIPLE DEPE                               | NDENT C                           | LAIM          |                                 |            | + \$ 180 =       |                        | OR               | + \$ 360 = |                        |
|   |             |   |  |                                   |               |                                 |            | TOTAL ADDIT. FEE |                        | OR               | FEE        |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |   |  |                                   |               |                                 |            |                  |                        |                  |            |                        |